

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/530071

FILING DATE

Walter Alvarez

APPLICANT(S)

Medical Claims Processing

Patrol Specialist

(783) 355-0421

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
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TOTAL IND.	1	↓	2	↓	3	↓
TOTAL DEP.	11	↓	8	↓	12	↓
TOTAL CLAIMS	12	↓	10	↓	15	↓

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS		↓		↓		↓